CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addresséd to: "Assistant Commissioner for Patents"

**PATENT** 

01-R136-EDG

J6704 (C)

Washington, D.C. 20231

On April 15, 2004

Ronald A. Koatz

ATTORNEY FOR APPLICANT(S) **REGISTRATION NO. 31,774** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Customer Number:** 

000201

Attorney D/N:

J6704 (C)

Applicant: Serial No.: Yang et al 10/085.736

Filed:

February 28, 2002

April 15, 2004

DATE OF SIGNATURE

For:

PERFUME CONTAINING SURFACTANT COMPOSITIONS

HAVING PERFUME BURST WHEN DILUTED

Group:

1743

Examiner:

Monique T. Cole

Edgewater, NJ April 15, 2004

## SUPPLY OF OMISSION OR CORRECTION TO "AMENDMENT IN RESPONSE TO **DECEMBER 4, 2003 OFFICE ACTION" WHICH APPLICANTS MAILED FEBRUARY 19, 2004**

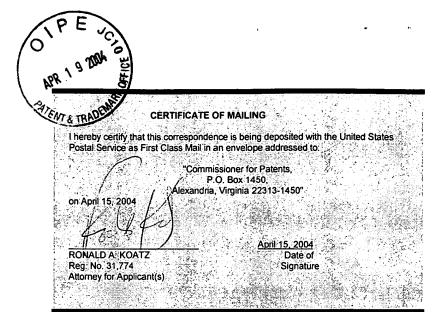
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In response to the Communication mailed April 30, 2004 (itself a response to Amendment applicants mailed February 19, 2004) seeking to supply omission or correct applicants' previous Amendment, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.



UNITED STATES DEPT. OF COMMERCE **Patent and Trademark Office** 

PATENT 02-R136-EDG J6704 (C)

Customer No.:

000201

In re application of: Serial No.:

Yang et al 10/085,736

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Group:

1743

Examiner: Monique T. Cole

Edgewater, New Jersey 07020

April 15, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

## **CLAIMS AS AMENDED**

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 86.00	
Multiple Claims					\$ 290.00	
TOTAL ADDITIONAL F	EE FOR THIS AMENDM	\$				

<sup>\*</sup>If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

RAK/sc

(201) 840-2912

Ronald A. Koatz Attorney of Récord

Reg. #31,774

<sup>\*\*</sup>If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.